## **HOUSING PLAN**

## RECIPIENT INFORMATION:

Name:		Case #		
Current Address:				
Potential Address:				
Names of family				
members and				
relationship				
Gross Monthly Income		Type of Income		
New Full Rent Amount		Percentage of Incon	ne	
SW Name		SW Code		
INTERVIEW SCHEDULE:				
Date	Туре	С	Completed?	
	Initial			
	2 <sup>nd</sup> month			
	3 <sup>rd</sup> month			
	4 <sup>th</sup> month			
	5 <sup>th</sup> month			
	6 <sup>th</sup> month			
CURRENT HOUSING SITUATION  ( ) Family lacks a fixed shelter designed to provide	and regular nighttime re	•	a publically or privately operated	
( ) Family lacks a fixed and regular nighttime residence and stays in a place not designed for, or ordinarily used as, regular sleeping accommodations for human beings.				
( ) Family is in receipt of a court ordered judgment for eviction.				
HOUSING HISTORY:				
Previous evictions (dates an	nd cause):			
Homeless history (document each episode over last 5 years, what occurred, could it have been avoided, what changes could have been made to avoid eviction?)				

INCOME:	
Name: Income \$ Name: Income \$ Income \$ Name: Income \$	Source:
MONTHLY EXPENSES (review monthly for changes):	
Full rent: \$       Phone \$         Gas \$       Car Payment:\$         Utilities \$       Water/Sewer \$         Credit Cards: \$       \$         Other:       \$	Car Insurance \$ Cable/Internet:\$
Discuss what costs are necessary, what can be eliminate	ted:
TENANT SCREENING BARRIERS:	
Barrier	Notes
HOUSING RETENTION BARRIERS:	
Barrier	Notes

## HOUSING PLAN:

Remember: Be specific, address each barrier, how progress will be measured, each referral made expectation of ability to pay rent once subsidies end..

GOAL/ACTION/DETAILS/DUE DATE:
Initial Month:
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4 <sup>th</sup> Month Update: (On target?, updates on what needs to be accomplished before subsidy ends)
5 <sup>th</sup> Month Update – last month of subsidy: ( <i>On target?, updates on what needs to be accomplished before</i>
subsidy ends)
Final Month Update – last month of services:

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	Other Notes:		
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